



IFW

PATENT NO. I20 06739 US
Customer No. 000128

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: : CHARLES Q. ZHAN, ET AL
Serial No. : 10/717,086
Filed : November 19, 2003
For : APPARATUS AND METHOD FOR IDENTIFYING
DEFECTIVE VALVES
Group No. : 2863
Examiner : Xiuqin Sun

MAIL STOP AMENDMENT

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

CERTIFICATE OF MAILING BY FIRST CLASS MAIL

The undersigned hereby certifies that the following documents:

- 1) Amendment and Response to Office Action;
- 2) Information Disclosure Statement;
- 3) Form PTO/SB/08A & Form PTO/SB/08B;
- 4) Three (3) references;
- 5) Amendment Transmittal letter (in duplicate);
- 6) Check in the amount of \$230.00 for (for IDS filing fee - \$180.00 and one additional dependent claim - \$50.00); and
- 7) Postcard receipt

relating to the above application, were deposited as "First Class Mail", with the United States Postal Service, addressed to MAIL STOP AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on April 17, 2006.

Date:

APRIL 17, 2006

Mailer

APRIL 17, 2006

Date:

April 17, 2006

William A. Munck
William A. Munck
Reg. No. 39,308

Legal Department Docket Clerk
101 Columbia Road
P.O. Box 2245
Morristown, New Jersey 07962
Phone: (602) 313-5683
Fax: (602) 313-4559



DOC NO. I20 06739 US
CLIENT NO. HWEL01-06739
Customer No. 23990

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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MAIL STOP AMENDMENT

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT TRANSMITTAL LETTER

Transmitted herewith is an Amendment and Response to Office Action in the above-identified application. The fee has been calculated as shown below.

CLAIMS AS AMENDED					LARGE ENTITY	
(1)	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) NUMBER OF EXTRA CLAIMS PRESENT	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	25	-	24	1	X 50.00 =	\$50.00
IND. CLAIMS	3	-	3	-0-	X 200.00 =	\$-0-
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$50.00

DOCKET NO. 120 06739 US (HWEL01-06739)

SERIAL NUMBER: 10/717,086

PATENT

- ☒ A check in the amount of \$230.00 (for IDS filing fee - \$180.00 and one additional dependent claim - \$50.00) is attached.
- ☐ A check in the amount of \$_____ for a _____-month extension of time is attached.
- ☒ Please charge any additional fees or credit any overpayment to the Davis Munck Deposit Account No. 50-0208.


A DUPLICATE COPY OF THIS SHEET IS ENCLOSED.

Respectfully submitted,

DAVIS MUNCK BUTRUS, P.C.

Date:

April 17, 2006



William A. Munck
Registration No. 39,308

P.O. Drawer 800889
Dallas, Texas 75380
Phone: (972) 628-3600
Fax: (972) 628-3616
Email: wmunck@davismunck.com